

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001598

FILED
Apr 26, 2004
Secretary of State**Entity Name:** THE NAPLES PLAYERS THEATRE GUILD, INC.**Current Principal Place of Business:**701 FIFTH AVE. S
NAPLES, FL 34102**New Principal Place of Business:****Current Mailing Address:**701 FIFTH AVE. S
NAPLES, FL 34102**New Mailing Address:****FEI Number:** 59-6154976**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAPLE, TERRI
2511 MANORCA AVE
NAPLES, FL 34108**Name and Address of New Registered Agent:**ERICKSON, WILLIAM C
136 PEBBLE BEACH CIRCLE
NAPLES, FL 34113 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM C ERICKSON

04/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAPLE, TERRI
Address: 2511 MANORCA AVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: STEVENS, FRANZIA
Address: 159 VIA NAPOCI
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: ULRICH, LORRY
Address: 7653 PUNTA VERDE WAY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: ERICKSON, WILLIAM
Address: 136 PEBBLE BEACH CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: S (X) Delete
Name: CONLEY, PAULA
Address: 2440 OLD GROVES RDS., #101
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete
Name: WHEELING, LUELLA
Address: 2718 SHORE VIEW DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEVENS, FRANZIA
Address: 159 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105 US

Title: VP (X) Change () Addition
Name: LIPNIK, LOIS
Address: 27730 RIVERWALK WAY
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: S (X) Change () Addition
Name: BRENNAN, MARGARET
Address: 709 BROAD AVENUE S
City-St-Zip: NAPLES, FL 34102 US

Title: T (X) Change () Addition
Name: ERICKSON, WILLIAM C
Address: 136 PEBBLEBEACH CIRCLE
City-St-Zip: NAPLES, FL 34113 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C ERICKSON

T

04/26/2004

Electronic Signature of Signing Officer or Director

Date